

## **AACTG Clinical Trials Specialist Informed Consent Development Sheets**

### **Introduction**

The Division of AIDS (DAIDS) Sample Informed Consent Template and the Clinical Trials Specialist Development Sheets are intended to assist those persons who write the Sample Informed Consents for DAIDS-sponsored protocols. The development of a protocol Sample Informed Consent that provides useful and understandable information for the subjects has become increasingly challenging as the research continues to increase in complexity. This challenge requires careful consideration of the information that is necessary in the consent document.

It is important to remember that “informed consent” is a process, not just a form. The goal of the informed consent process is to provide subjects with sufficient information so that they can make an informed choice about whether to participate in the clinical research. The written informed consent document is used as the basis for the consent process, to provide a summary of the clinical trial. In addition, the informed consent document is a reference for the subjects throughout their participation in the study.

The Sample Informed Consent Template was developed with careful consideration of all the specific elements required by the Code of Federal Regulations (Appendix A: 21CFR50.20 and 50.25). Standardized wording for information that is generally appropriate for all consent documents was included in the Template. This standardized wording, bolded in the Template, is to be included in all DAIDS Sample Informed Consents without change unless there is a protocol-specific reason to revise it.

The unbolded italicized wording in the Sample Informed Consent Template is instruction for persons developing a protocol Sample Informed Consent. This resource document provides guidance related to the writing of the non-standardized sections of the Sample Informed Consent.

The staff of the Regulatory Operations Center is an additional resource available for consent questions related to regulatory issues.

**General Instructions for Writing the Sample Informed Consent (SIC)**

The SIC should be written at an 8<sup>th</sup> grade level or lower.

Write short sentences and paragraphs.

Use one or two syllable words whenever possible.

Avoid contractions.

Be concise.

Avoid redundancy.

Words should be understandable to the subject. Avoid the use of scientific or medical jargon.

Define all scientific or medical terms in lay language

Use the appropriate abbreviation the first time a drug name is used in the consent.

Be consistent with the use of all terminology such as drug names and abbreviations.

Consider the use of separate “Subject Information Sheets” as a means to supplement the essential elements of the consent.

Write the SIC in the second person, “you.”

Verbs should be in active voice.

Phrase the consent information so that it answers the “subject’s question” (the question title for the section).

APPENDIX \_\_\_\_\_

**DIVISION OF AIDS  
ADULT AIDS CLINICAL TRIALS GROUP (AACTG)  
SAMPLE INFORMED CONSENT**

**For protocol:**

*Insert the complete title of the protocol including the Protocol Number and Version Number*

**Short Title for the Study:**

*Insert shortened and simplified protocol title with the Protocol Number and Version Number*

**Introduction**

**You are being asked to take part in this research study because you (are infected with \_\_\_\_, etc). This study is sponsored by the National Institutes of Health (NIH). The doctor in charge of this study at this site is (insert name of Principal Investigator). Before you decide if you want to be a part of this study, we want you to know about the study.**

**This is a consent form. It gives you information about this study. The study staff will talk with you about this information. You are free to ask questions about this study at any time. If you agree to take part in this study, you will be asked to sign this consent form. You will get a copy to keep.**

*Insert only the standard paragraphs above. Complete the first sentence with a simple explanation as to the subjects' condition or circumstance that makes them eligible to participate in this specific study.*

**Why Is This Study Being Done? (Purpose of Study)**

- *Clearly and simply state the primary objective(s) of study.*
- *If a study is evaluating safety or efficacy (even as a secondary objective), the purpose information must include these as reasons for doing the study.*
- *If any of the drugs being used in a study are investigational (not approved by the FDA or not approved by the FDA for the specific disease being studied or dose/formulation being used) then this must be stated in this section.*
- *If any of the study drugs are being tested for the first time in humans, this must be stated in this section.*

**What Do I Have To Do If I Am In This Study?** (Procedures)

- *This section must include a brief and accurate description of the procedures involved in the study. The summary of the procedures should ONLY include information that is necessary for subjects to make an informed decision on participation in the study.*
- *The use of supplemental tools, such as “subject information sheets,” should be considered if the study has complex or detailed procedures that the study team wants outlined for the subjects.*
- *The description of the procedures should be organized in chronological order. The use of subheadings, such as Screening, Entry, During Study, and Follow-up, will help the readability of this section.*
- *The subjects must be informed of the study regimens.*
- *The subjects must be informed of any randomization schemes and their chances of being assigned to a particular group.*
- *The consent should inform the subjects as to whether they or the research staff will know what study regimen they are on.*
- *The subjects must be informed if any of the procedures or testing are investigational (not approved by the FDA).*
- *The subjects should be informed if there are any visits that may be time consuming (state approximate amount of time required for the visits).*
- *The subjects should be informed if any of the visits require hospitalizations or visits by study staff to their homes.*
- *The subjects must be informed if, and/or when, results from required tests (e.g. blood draws, urinalysis) that indicate pregnancy and disease progression will be made available to them.*
- *The subjects must be informed when they will receive results from required first time sero-status tests and about available counseling regarding the results of these tests.*
- *The subjects must be informed of the amount of blood to be drawn in the study. This amount should be written in terms understandable to subjects. For domestic sites the amounts would be written in “household measures” (teaspoon, tablespoon, etc.). For international sites the consent should also include the metric measurement. The blood draw amounts should be rounded to the next highest whole number.*
- *Specify any procedures of which the subjects will be asked to participate if the subjects stop the study early for any reason.*
- *If there are any plans for long-term follow-up of the subjects as part of the research, the consent must inform the subjects about the type of follow-up, the length of the follow-up and how the subject may terminate the follow-up.*

**How Many People Will Take Part In This Study?** (Number of Subjects)

About \_\_\_\_\_ people will take part in this study.

**How Long Will I Be In This Study?** (Study Duration)

**You will be in this study for about \_\_\_\_\_.**

*Insert the expected duration of the subjects' participation.*

*When the period of participation will vary greatly due to a period of follow-up after the last subject is enrolled, use the following language.*

**You will be in this study between \_\_X\_\_[minimum amount of time] and \_\_X\_\_[maximum amount of time] depending on when you join.**

**Why Would The Doctor Take Me Off This Study Early?** (Involuntary Withdrawal)

**The study doctor may need to take you off the study early without your permission if:**

- **the study is cancelled by the U.S. Food and Drug Administration (FDA), National Institutes of Health (NIH), the drug companies supporting this study, or the site's Institutional Review Board (IRB). (An IRB is a committee that watches over the safety and rights of research subjects.)**
- **a Data Safety Monitoring Board (DSMB) recommends that the study be stopped early (A DSMB is an outside group of experts who monitor the study.)**
- **you are not able to attend the study visits as required by the study**

**The study doctor may also need to take you off the study drug(s) without your permission if:**

- **continuing the study drug(s) may be harmful to you**
- **you need a treatment that you may not take while on the study**
- **you are not able to take the study drug(s) as required by the study**

**If you must stop taking the study drug(s) before the study is over, the study doctor may ask you to continue to be part of the study and return for some study visits and procedures.**

*• This section should be made protocol-specific with the addition or deletion of reasons for withdrawal as appropriate. An example would include deletion of the FDA for non-IND studies.*

*• If subjects will be asked to return after involuntary withdrawal, list in the "What Do I Have To Do If I Am In This Study?" section, the procedures in which they may be asked to participate.*

*[For studies providing drugs/agents to subjects, add the following:]*

**IF I HAVE TO PERMANENTLY STOP TAKING STUDY-PROVIDED *[insert drug(s), agent(s), etc.]* OR ONCE I LEAVE THE STUDY, HOW WOULD THE *[insert drug(s), agent(s), etc.]* BE PROVIDED?**

*During the study:*

If you must permanently stop taking study-provided *[insert drug(s), agent(s), etc.]* before your study participation is over, the study staff will discuss other options that may be of benefit to you.

*After the study:*

After you have completed your study participation, the study will not be able to continue to provide you with the *[insert drug(s), agent(s), etc.]* you received on the study. If continuing to take these or similar *[insert drug(s), agent(s), etc.]* would be of benefit to you, the study staff will discuss how you may be able to obtain them.

**What Are The Risks Of The Study?** (Risks and Discomforts)

- *Describe any reasonable foreseeable risks, discomforts or inconveniences for the study drug regimens and procedures.*
- *Do not minimize the description of risks.*
- *If a study drug has a DAIDS-approved standardized risk list, the current version must be included in the consent.*
- *If the study drug does not have a DAIDS-approved standardized risk list, then it is the responsibility of the study team with concurrence of the DAIDS Medical Officer to devise a risk list for that study drug.*
- *The DAIDS standardized language that informs the subjects about the possibility of unforeseeable risks must be included. (See the Standardized Drug Risk Lists)*
- *The DAIDS standardized language that informs the subjects about the need to report the use of concomitant medications must be included. (See the Standardized Drug Risk Lists)*
- *Include risks for all procedures. This includes those that will have a separate institutional consent when the procedure is done.*
- *If the protocol requires the subject to receive drug/medication by injection at home, wording needs to be inserted regarding the risk of transmitting disease through accidental injury for those who may be assisting or living with the subject. Additional wording as to the education of the subject regarding safe needle disposal needs to be in the consent.*
- *Possible psychological or social risks that might result from taking part in the study must be included. This would include such procedures as the first time testing for HIV sero-status or answering questions related to sexual activity.*

**Are There Risks Related To Pregnancy?** (Reproductive Risks)

- *The following template language is the DAIDS standard guideline for birth control information to be included in the protocol's Sample Informed Consent (SIC). There may be rare exceptions when some revision will be needed to this wording. Any such revision should only be made after discussion with the Medical Officer.*
- *The consent must include the appropriate information based on the FDA-defined use in pregnancy category. (Category A, B, and C, Category D, Category X)*
- *The drug that requires the most stringent method of birth control will dictate which category information is included in the SIC.*
- *If the study drug is investigational, then it is the responsibility of the study team with concurrence of the DAIDS Medical Officer to determine which birth control wording to use in the consent.*
- *The study team should determine how long birth control is required after stopping study drug. If the study team determines that there is no requirement for birth control after stopping study drug, delete that sentence from the appropriate templated wording.*
- *This section may be deleted if there are no drugs in the study.*
- *For studies where the subjects come off the study when they become pregnant, please include a statement concerning whether the subjects may return to the study after pregnancy.*
- *Only studies that allow women to remain "On Study" if they become pregnant during the study and where breastfeeding is not an exclusion criterion need to have a breastfeeding statement. (See the Breastfeeding Statement – edit or delete as appropriate)*

Category A, B, C Drugs when Category C drugs do NOT specify the use of two contraceptive methods

**It is not known if the drug or drug combinations in this study harm unborn babies. If you are having sex that could lead to pregnancy, you must agree not to become pregnant or make a woman pregnant.**

**Some of the drugs in this study make some birth control drugs less effective. This type of birth control is given by pills, shots, or placed under the skin. This means that you cannot depend on this method of birth control alone. You must use a different method or an additional method of birth control.**

**You and your partner must use reliable birth control that you discuss with the study staff. You must continue to use birth control until \_\_\_ months after stopping study drug.**

**If you can become pregnant, you must have a pregnancy test before you enter this study. The test must show that you are not pregnant. If you think you may be pregnant at any time during the study, tell your study staff right away. The study staff will talk to you about your choices.**

Category C Drugs when Category C drugs specify the use of two contraceptive methods

**It is not known if the drug or drug combinations in this study harm unborn babies. Tests in pregnant animals do show some risk. The risks to unborn babies for each drug are listed in the section called “What Are The Risks Of The Study?” If you are having sex that could lead to pregnancy, you must agree not to become pregnant or make a woman pregnant.**

**Because of the risk involved, you and your partner must use two methods of birth control that you discuss with the study staff. You must continue to use both methods until \_\_\_ months after stopping study drug. You may choose two of the birth control methods listed below:**

- **Birth control drugs that prevent pregnancy given by pills, shots or placed under the skin**
- **Male or female condoms with or without a cream or gel that kills sperm**
- **Diaphragm or cervical cap with a cream or gel that kills sperm**
- **Intrauterine device (IUD)**

**If you are assigned to receive study drugs that do not require the use of two birth control methods, the study staff will discuss your options.**

**If you can become pregnant, you must have a pregnancy test before you enter this study. The test must show that you are not pregnant. If you think you may be pregnant at any time during the study, tell your study staff right away. The study staff will talk to you about your choices.**

- *If the drugs in this category do not have any animal risks related to pregnancy in the “What Are The Risks Of The Study?” section, you may delete the second sentence in the first paragraph.*
- *If the subject randomization is blinded, delete the sentence describing the option for less strict birth control.*

#### Category D Drugs – (Possible Fetal Risk)

**The drug or drug combinations in this study may be unsafe for unborn babies. The risks to unborn babies for each drug are listed in the section called “What Are The Risks Of The Study?” If you are having sex that could lead to pregnancy, you must agree not to become pregnant or make a woman pregnant**

**Because of the risk involved, you and your partner must use two methods of birth control that you discuss with the study staff. You must continue to use both methods until \_\_\_ months after stopping study drug. You may choose two of the birth control methods listed below:**

- **Birth control drugs that prevent pregnancy given by pills, shots or placed under the skin**
- **Male or female condoms with or without a cream or gel that kills sperm**

- Diaphragm or cervical cap with a cream or gel that kills sperm
- Intrauterine device (IUD)

**If you are assigned to receive study drugs that do not require the use of two birth control methods, the study staff will discuss your options.**

**If you can become pregnant, you must have a pregnancy test before you enter this study. The test must show that you are not pregnant. If you think you may be pregnant at any time during the study, tell your study staff right away. The study staff will talk to you about your choices.**

- *If the subject randomization is blinded, delete the sentence describing the option for less strict birth control.*

Category X Drugs – (Known Teratogens)

**The drug or drug combinations in this study are unsafe for unborn babies. The risks to unborn babies for each drug are listed in the section called “What Are The Risks Of The Study?” If you are having sex that could lead to pregnancy, you must agree not to become pregnant or make a woman pregnant.**

**Because of the risk involved, you and your partner must use two methods of birth control that you discuss with the study staff. You must start both methods of birth control \_\_\_ weeks before you start study drug. You must continue to use both methods until \_\_\_ months after you stop the study drug. You may choose two of the birth control methods listed below:**

- *Insert the allowed contraception methods as indicated in the latest package insert or investigator’s brochure. If there are no methods listed in the package insert or investigator’s brochure consult with the protocol Medical Officer. If it is not required that the contraception be started prior to the study drug initiation then delete that part of the templated language.*

**If you are assigned to receive study drugs that do not require the use of two birth control methods, the study staff will discuss your options.**

**If you can become pregnant, you must have a pregnancy test within 24 hours of starting the study drug. The test must show that you are not pregnant. You must have a pregnancy test every \_\_\_ weeks after you start study drug.**

**If you think you may be pregnant at any time during the study, tell your study staff right away. The study staff will talk to you about your choices.**

- *If the subject randomization is blinded, delete the sentence describing the option for less strict birth control.*

Breastfeeding

**It is unknown whether the study drug or study drug combinations pass through the breast-milk and may cause harm to your infant.**

*• If the latest package insert or investigator's brochure of the study drug indicates that the drug passes through the breast milk and may cause harmful effects to the infant, then this statement should be revised with the risk information that is appropriate..*

**Are There Benefits To Taking Part In This Study?** (Benefits)

**If you take part in this study, there may be a direct benefit to you, but no guarantee can be made. It is also possible that you may receive no benefit from being in this study. Information learned from this study may help others who have HIV.**

- If there is no possibility of benefit from participation in the study, it must be clearly stated in the first paragraph (You will receive no benefit from being in this study.).*
- If the study describes possible benefits (major or minor) that might be derived from participation in the study, a second paragraph that outlines these possible benefits should be included.*
- Benefits must not be overstated.*

**What Other Choices Do I Have Besides This Study?** (Alternatives)

**Instead of being in this study you have the choice of:**

- treatment with prescription drugs available to you**
- treatment with experimental drugs, if you qualify**
- no treatment**

**Please talk to your doctor about these and other choices that may be available to you. Your doctor will explain the risks and benefits of these choices.**

*This section should be deleted for non-treatment studies.*

**What About Confidentiality?** (Confidentiality)

*If this study is being done in domestic sites covered by a Certificate of Confidentiality, insert the following:*

**We will do everything we can to protect your privacy. In addition to the efforts of the study staff to help keep your personal information private, we have gotten a Certificate of Confidentiality from the U.S. Federal Government. This certificate means that researchers cannot be forced to tell people who are not connected with this study, such as the court system, about your participation. Also, any publication of this study will not use your name or identify you personally.**

**People who may review your records include: the U.S. Food and Drug Administration (FDA), (insert Name of Site) IRB, National Institutes of Health (NIH), study staff, study monitors, drug companies supporting this study, and their designees. Having a Certificate of Confidentiality does not prevent you from releasing information about yourself and your participation in the study.**

**Even with the Certificate of Confidentiality, if the study staff learns of possible child abuse and/or neglect or a risk of harm to yourself or others, we will be required to tell the proper authorities.**

*If this study is being done in international sites where the Certificate of Confidentiality does not apply, insert the following:*

**Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Any publication of this study will not use your name or identify you personally.**

**Your records may be reviewed by the U.S. Food and Drug Administration (FDA), (insert name of site) IRB, National Institutes of Health (NIH), study staff, study monitors, and drug companies supporting this study.**

*Delete the FDA if the study involves no drugs or is a non-IND study.*

*If this study is being done in both domestic and international sites, the Sample Informed Consent will need to include both of the templated sections on confidentiality. Please identify the sections so that sites can delete the appropriate one.*

**What Are The Costs To Me?** (Costs to You)

**Taking part in this study may lead to added costs to you and your insurance company. In some cases it is possible that your insurance company will not pay for these costs because you are taking part in a research study.**

*Include a separate paragraph that describes:*

- *any specific drugs or procedures that are required only for this study for which the cost might be the responsibility of the subjects*
- *routine care that is part of the study and might be the responsibility of the subjects.*

**Will I Receive Any Payment?**

- *State whether the subjects will receive payment or reimbursement for participation in the study.*

- *If the subjects will receive payment, describe the amount to be paid, the payment schedule and any prorated schedule should the subject decide to withdraw or is withdrawn early by the investigator.*
- *Delete this section if there is no plan for payment for study participation.*

**What Happens If I Am Injured?** (Research-Related Injury)

**If you are injured as a result of being in this study, you will be given immediate treatment for your injuries. The cost for this treatment will be charged to you or your insurance company. There is no program for compensation either through this institution or the National Institutes of Health (NIH). You will not be giving up any of your legal rights by signing this consent form.**

*If there is a plan to provide insurance to indemnify the subjects in case of research-related injury, this section would need to be revised appropriately.*

**What Are My Rights As A Research Subject?** (Research Subject's Rights)

**Taking part in this study is completely voluntary. You may choose not to take part in this study or leave this study at any time. You will be treated the same no matter what you decide.**

**We will tell you about new information from this or other studies that may affect your health, welfare or willingness to stay in this study. If you want the results of the study, let the study staff know.**

**What Do I Do If I Have Problems Or Questions?** (Problems or Questions)

**For questions about this study or a research-related injury, contact:**

- **name of the investigator or other study staff**
- **telephone number of above**

**For questions about your rights as a research subject, contact:**

- **name or title of person on the Institutional Review Board (IRB) or other organization appropriate for the site**
- **telephone number of above**

**SIGNATURE PAGE**

If you have read this consent form (or had it explained to you), all your questions have been answered and you agree to take part in this study, please sign your name below.

\_\_\_\_\_  
Participant's Name (print)

\_\_\_\_\_  
Participant's Signature and Date

\_\_\_\_\_  
Participant's Legal Guardian (print)  
(As appropriate)

\_\_\_\_\_  
Legal Guardian's Signature and Date

\_\_\_\_\_  
Study Staff Conducting  
Consent Discussion (print)

\_\_\_\_\_  
Study Staff Signature and Date

\_\_\_\_\_  
Witness' Name (print)

\_\_\_\_\_  
Witness's Signature and Date

(As appropriate)

### **General Instructions for Devising a Substudy Sample Informed Consent**

A substudy is defined as: 1) a study that uses a subset of the population in the main study, and 2) the study is optional for the subjects in the main study, and 3) the study attempts to use this subset population to answer secondary objectives of the main study or other objectives that closely relate to the main study objectives.

When deciding whether to develop a separate substudy informed consent versus incorporating the substudy information into the main informed consent with a separate signature line, the protocol team should consider the following:

- Is the substudy complex, involving invasive procedures or multiple visits?
- Are the substudy risks and /or benefits different than the main study?

If “NO” to both questions, then the substudy information may be inserted into the main consent under a separate “substudy header” in the “What Do I Have to Do If I Am In This Study?” A separate signature block must be added to the main study signature page. The information under the separate header must include the purpose, number of subjects, duration, and procedures. In addition, there must be a statement that informs the subjects that they may choose not to participate in the substudy and still remain in the main study.

If “YES” to either question then a separate substudy consent should be developed by the protocol team. The following differences should be noted when developing a substudy consent:

- In general, the separate substudy informed consent will only contain the following sections: purpose, procedures, number of subjects, duration, risks/discomforts and benefits.
- The term “substudy” should be substituted for the word “study” where applicable. For example, “You are being asked to take part in this research substudy because...”
- The purpose section should describe the primary purpose(s) of the substudy.
- The procedure section should briefly explain any procedures that are specific to the substudy.
- The risk section should clearly delineate all risks of substudy drugs and/or procedures even if they were listed in the main study.
- The benefit section should clearly indicate whether there is any benefit to participating in the substudy.
- The substudy consent must include a statement that informs the subjects that they may choose not to participate in the substudy and still remain in the main study.
- After including all the above information in the consent, prior to the substudy signature line, the following statement should be inserted: “All other information that is contained in the main study consent you signed, applies to this substudy consent as well.”